

PARAMUS PUBLIC SCHOOLS

PARAMUS, NEW JERSEY 07652

Margaret Damiano, M.Ed, Supervisor

STUDENT PERSONNEL SERVICES

145 Spring Valley Road

(201)-261-7800 – Ext. 3020

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January, 2019

Dear Parents/Guardians:

The New Jersey Department of Health and Senior Services has mandated that children born on or after January 1, 1997 and **entering Grade Six** shall have received one dose of the following vaccines:

Both vaccines must be given AFTER the child's 10th birthday.

1. Tdap (Tetanus, diphtheria, acellular pertussis)

If a child has received a Td booster dose less than five years prior to entering the 6th grade he/she will not be required to receive a Tdap dose until five years have elapsed from the last DTP/TdaP or Td dose.

2. Meningococcal vaccine

If your child received this vaccine before their 10th birthday, they must be revaccinated to meet the immunization requirement.

The New Jersey Department of Health and Senior Services allow parents the option of waiting until their child turns 11 to receive the above vaccines.

All students who will be turning 11 years old on or before September 1, 2019 must provide documentation of these two immunizations from their primary care provider on or before September 1, 2019. All pupils are to be in compliance with the New Jersey immunization regulations in order to remain in school.

Please have your Primary Health Care Provider complete the form below, detach and return to the school nurse on or before **September 1, 2019**. If you have any questions or concerns regarding this notice, please call my office at 201-261-7800 ext. 3023. If you have already sent in documentation that your child had the vaccines, please contact your child's school nurse to verify the vaccine dates. Thank you for your cooperation in this matter.

Sincerely,

Margaret Damiano, M.Ed., Supervisor
Student Personnel Services

cc: Mr. Thomas LoBue, Principal
Dr. Deirdre Spollen-LaRai, Principal

Mrs. Manuela Reina, R.N., Certified School Nurse
Mrs. Nancy Fox, R.N., Certified School Nurse

Student _____ Date of Birth _____

The above named student has received: (Both vaccines must be given AFTER the child's 10th birthday)

1. Tetanus, diphtheria and acellular pertussis (Tdap) booster on _____
Month/day/year
2. Meningococcal Vaccine on _____
Month/day/year

Primary Health Care Provider Signature _____ Date _____

Stamp of Primary Health Care Provider _____

(Name/Address/Phone)